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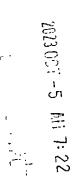
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corp.				
SUBJECT: 1he	Cleaners W	laster L.L.	Ċ	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Adriance c	Name of Person	Castillo	
	5016 Lanto	Firm/Company Address	P	13/2
	Lake Was	City/State and Zip Code	463	
For further information con	neerning this matter, please ca		report nonneadon)	
1 i h	recriming this matter, prease ea	αττ.		
Milogro Ace	Person	at (5(c)) Area Code	207-0964 Daytime Telepho	one Number
Enclosed is a check for the	following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Division The Cen 2415 N.	ddress: ation Section n of Corporatio ntre of Tallahas . Monroe Stree ssee, FL 32303	ssee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ed Liability Colonny as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L23000 4126 33</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
mar	Adriana C Torreal be	a. 5016 lontana Rd lake word FL 33463 APT. 1312	<u>M</u> □Add
	Castrijo		□Remove
			BChange
			□Add
			□Remove
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			(T)(Changa

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	SEPTEMBER 09 2023
	ADRIANA T.
	Signature of a member or authorized representative of a member
	ADRIANA C. TORREALBA CASTILLO

• •

Filing Fee: \$25.00